

CONSULATE GENERAL OF THE UNITED STATES OF AMERICA

Immigrant Visa Section Auckland, New Zealand AucklandIV@state.gov

NEW ZEALAND POLICE CLEARANCE AUTHORIZATION

Vetting & Validation Section N.Z. Police National Headquarters P O Box 3017 WELLINGTON	Visa Category:		
Dear Sir/Madam:			
I, (First name, middle name, SURNAM	E) & any aliases / MAIDEN name		
born at:(city, country)	on: (day, month, year)		
Sex: Male/Female Nationality:, hereby authorize the New Zealand Police to disclose to the Consulate General of the United States any details of criminal activity recorded in my name. This information is to be provided to the United States Government solely for the purpose of determining visa eligibility and is not to be released to any other person or organization for any other purpose. DATE OF ANY CONVICTION(S):			
		TYPE/PLACE OF CONVICTION(S):	
		Signature:	Date:
Present address:			
Last N.Z. address:			

Note: This form should be returned directly to the Immigrant Visa Section at the U.S. Consulate in Auckland, New Zealand.